

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

118 MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore 2d  
CERTIFICATE OF DEATH

03580

Reg. Dist. No. 58

1. PLACE OF DEATH:  
County ..... Calvert  
City or town ..... Smoky (If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? ..... wife  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State ..... Md. County ..... Calvert  
City or town ..... Smoky (If outside city or town limits, write RURAL and give nearest town)  
Street No. ..... 200 (If rural, give LOCATION)  
2. (a) If veteran, name war ..... 200

## 3. (a) FULL NAME

M W S

6. (b) Name of husband or wife .....

7. Birth date of deceased (mo., day, yr.) ..... May 29, 1875

8. AGE: Years ..... 70 Months ..... 10 Days ..... 21 It less than one day

9. Birthplace ..... Calvert Co., Md. (Town, county, and state)

10. Usual occupation ..... Dystenias

11. Industry or business ..... John W. Breedon

MOTHER FATHER 12. Name ..... John W. Breedon  
13. Birthplace ..... Md.

MOTHER 14. Maiden name ..... Fannie V. Buckless  
15. Birthplace ..... Md.

16. Informant ..... Thomas E. Breedon

Address ..... Smoky

17. Burial (Burial, cremation, or removal. Which?) ..... Date thereof ..... Apr. 24, 1946  
(month) (day) (year)

Cemetery or crematory ..... Middleham Chapel

Location ..... Smoky, Md.

18. Funeral director ..... A. D. Kirkman & Son

Address ..... Smoky, Md.

19. April 24, 1946: Registrar ..... J. D. Sanders  
(Date rec'd by registrar)

## 3. (b) Social Security Number

200

## MEDICAL CERTIFICATION

20. DATE OF DEATH ..... 20 April 1946, at 4 p.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2. Jan. 1946, to 21 Mar. 1946  
and that I last saw him alive on 21 Mar. 1946

Immediate cause of death ..... Cerebral hemorrhage.

Due to ..... arteriosclerosis.

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

23. SIGNATURE ..... J. D. Sanders (Arthur Sanders)  
M. D. or other

Address ..... Middleham Chapel, Md. Date signed ..... April 22, 1946



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 14a

## CERTIFICATE OF DEATH

63581  
3-2  
Reg. Dist. No.

12

1. PLACE OF DEATH: Calvert  
 County.....

City or town..... Parram 194  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME  
Maggie Pratt Brown

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced X

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) March 1882

8. AGE: Years 64 Months March Days  If less than one day  hrs.  min.

9. Birthplace Ind (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name Richard Brown

13. Birthplace Ind

14. Maiden name not known

15. Birthplace

16. Informant Guy W. Pratt

Address Parram 194

17. Burial Date thereof 4-8-46  
 (Burial, cremation, or removal. Which?) at Edmonson (month) (day) (year)

Cemetery or crematory at Edmonson

Location Calvert

18. Funeral director G. E. Sewell

Address Prince Frederick 194

19. 4-6 1946 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State..... County.....

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5-1946 at 4p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 1945 to 19

and that I last saw h..... alive oo 19

Immediate cause of death January Oedema

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, Industry, public place (where?)

Means of injury  Injured at work?

23. SIGNATURE Page Delt M. D. or other

Address Prince Frederick, Md. Date signed



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-2

03582

## CERTIFICATE OF DEATH

Reg. Dist. No. 50

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Ada Hill Elliott

4. Sex

Female white separated

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

Harry Elliott

7. Birth date of deceased (mo., day, yr.)

June 2 1891

6. (c) If alive, give age years

8. AGE:

Years Months Days It less than one day

57 6 25 hrs. min.

9. Birthplace

Albion (Town, county, and state)

10. Usual occupation

Hab.

11. Industry or business

George W. Hill

12. Name

St. Marys Co. Md.

13. Birthplace

Nassau Co. N.Y.

14. Maiden name

Ada Hill

15. Birthplace

St. Marys Co. Md.

16. Informant

Ada E. Hill

Address

Solomons, Md.

17. Burial

Date thereof April 29 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Our Lady Star of the Sea

Location Solomons

18. Funeral director

A. O. Hansen Son

Address Mutual, Md

4/28 1946

Date rec'd by registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md County Calvert

City or town

Solomons (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1945 to April 26 1946

and that I last saw her alive on April 26 1946

Immediate cause of death

Hypertension

Inflammation of Liver &amp; Stomach

DURATION

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

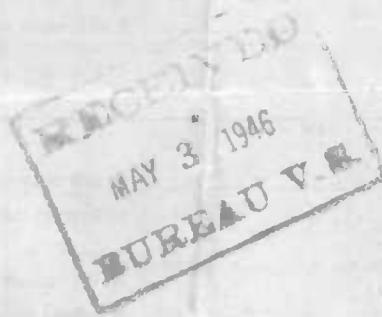
Means of injury Injured at work?

23. SIGNATURE Page &amp; Jeth

M. D. or other

Address

Date signed



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1246

63583

30

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County

Calvert

City or town

Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Prince Frederick, Md

How long in hospital or institution?

## 3. (a) FULL NAME

Agnes V. Sauth

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

f.

C.

widow

6. (b) Name of husband or wife

George V. Sauth

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

April 1862

8. AGE:

Years  
84

Months

Days

If less than one day

hrs. — min.

9. Birthplace

Prince Frederick, Maryland

(Town, county, and state)

10. Usual occupation

Homemaker

11. Industry or business

Brewhouse

12. Name

Brewhouse

13. Birthplace

Prince Frederick, Md.

14. Maiden name

?

15. Birthplace

?

16. Informant

Alexander Sauth (son)

Address

Prince Frederick, Md.

17. Burial

Date thereof  
(month) (day) (year)  
4-19-46

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Island Creek

Location

Calvert Co., Md.

18. Funeral director

J. E. Sauth

Address

Prince Frederick

19. Date rec'd by registrar

4-17

1946

44 W. Ward

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Calvert

City or town

Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 16

1946

at

4:55

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1946 to April 16 1946

and that I last saw him alive on April 16 1946

Immediate cause of death

Cerebral hemorrhage

DURATION

Due to

Hypertensive R. V. d.

Due to

- Cirrhosis of liver

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury

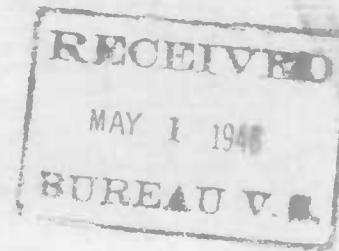
Injured at work?

23. SIGNATURE

Ed Sauth, M.D. or other

Address

Prince Frederick Date signed April 17 1946



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M

I

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

13584  
Reg. Dist. No. 50

## 1. PLACE OF DEATH:

County *Calvert*City or town *Solomons*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *Life*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

*Benjamin W. Barnes*

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*M W W*

6. (b) Name of husband or wife

*William A. Barnes*

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

*Nov. 17, 1858*

8. AGE:

Years	Months	Days	If less than one day
87	5	3	hrs. min.

9. Birthplace

*Calvert County, Md*

(Town, county, and state)

10. Usual occupation

*Farmer*

11. Industry or business

*Richard Barnes*

12. Name

*Richard Barnes*

13. Birthplace

*7 Pennsylvania*

14. Maiden name

*—*

15. Birthplace

*—*

16. Informant

*Briggs Barnes*

Address

*Solomons, Md*

17. Burial

Date thereof *Apr. 23, 1846*

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

*St. Paul's*

Location

*Annan, Md*

18. Funeral director

*O. B. Harkness & Son*

Address

*Mutual, Md.*

19. Date rec'd by registrar

*Apr. 23, 1946*

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md*County *Calvert*City or town *Solomons*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *—*

(If rural, give LOCATION)

2.(a) If veteran, name war *No*

## 3. (b) Social Security Number

*No*

## MEDICAL CERTIFICATION

20. DATE OF DEATH

*Apr. 20, 1946, at 11:50 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*12-29 1946, to 4-20 1946*and that I last saw him alive on *4-20 1946*

Immediate cause of death

*generalized arteriosclerosis with coronary occlusion*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

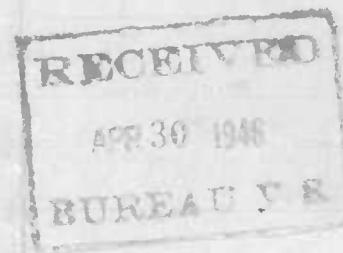
23. SIGNATURE

*R. D. Barnes*

M. D. or other

*Prima Insurance Co., Inc.*

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 232

03585

27

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County *Calvert*City or town *Prince Frederick*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *Life*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

*George W. Hance*4. Sex *M* 5. Color or race *W* 6.(a) Single, married, widowed, or divorced *W*6.(b) Name of husband or wife *Sydia B. Hance*7. Birth date of deceased (mo., day, yr.) *Sept. 20, 1873*8. AGE: Years *72* Months *6* Days *21* If less than one day *hrs. min.*9. Birthplace *Calvert Co., Md* (Town, county, and state)10. Usual occupation *Farmer*11. Industry or business *Kinsey Hances*12. Name *Kinsey Hances*13. Birthplace *Calvert Co., Md*14. Maiden name *Annie R. Frederick*15. Birthplace *Calvert Co., Md*16. Informant *Hazel Hance*Address *Prince Frederick, Md*17. Burial *Burial* Date thereof *Apr. 13, 1946* (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory *Ashbury*Location *Calvert Co., Md*18. Funeral director *A. A. Markman & Son*Address *Montgomery, Md*19. *4-12 1946* (Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md*County *Calvert*City or town *Prince Frederick*

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war *WW*

## 3. (b) Social Security Number

*No*

## MEDICAL CERTIFICATION

20. DATE OF DEATH *April 11 1946* at *1:20 P.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *year 46* to *April 11 1946*and that I last saw him alive on *April 1, 1946*Immediate cause of death *General Hemorrhage*

DURATION

Due to *Hypertension cardio-vascular*Due to *Diabetes*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

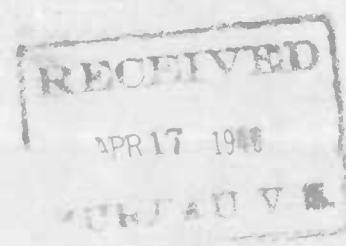
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *None* Date of *None*Where did injury occur? *None* (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury *Injured at work*23. SIGNATURE *J. B. Dillaneal & M.D.* M. D. or otherAddress *Prince Frederick* Date signed *4-12-46*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 20201

29

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

63586

1. PLACE OF DEATH: Calvert  
 County .....  
 City or town .....  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....  
 Hospital, institution, or street address where death occurred: .....  
 How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State ..... md County ..... Calvert.  
 City or town ..... St. Leonard.  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. .....  
 (If rural, give LOCATION)

2.(a) If veteran, name war. ....

3. (a) FULL NAME  
William H. Howe.

3. (b) Social Security Number

4. Sex <u>m.</u>	5. Color or race <u>c</u>	6.(a) Single, married, widowed, or divorced <u>x</u>
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8.(b) Name of husband or wife Jennie Howe

7. Birth date of deceased (mo., day, yr.) April, 25, 1864.

8. AGE: Years 82 Months      Days      If less than one day ..... hrs. ..... min. ....

9. Birthplace md. (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER 12. Name Thomas Howe.  
 13. Birthplace md.

MOTHER 14. Maiden name Elizabeth Morell.  
 15. Birthplace md.

16. Informant Jennie Howe  
 Address St. Leonard's md

17. Burial (Burial, cremation, or removal. Which?) Island Creek. Date thereof 4-30-46  
 (month) (day) (year)

Cemetery or crematory Island Creek.  
 Location Calvert,

18. Funeral director P. F. Sewell  
 Address Prince Frederick md

19. 4-29 1946 (Date rec'd by registrar) H. W. Ward Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27, 1946 at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 19, 45 to April 27, 1946 and that I last saw him alive on 19, 45

Immediate cause of death

Cerebral hemorrhage DURATION

Due to Hypertension e. v. d.

Due to .....  
 Other conditions .....  
 (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. ....

Autopsy results .....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

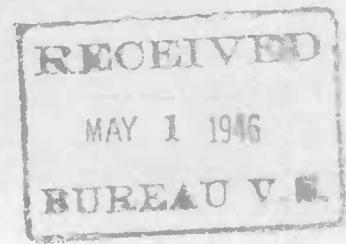
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work? .....  
 23. SIGNATURE R. de Selleval S M. D. or other MD

Address Prince Frederick Date signed 4/29/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 578

## CERTIFICATE OF DEATH

13587 28

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County Calvert  
City or town Hospital  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Thomas Mackall4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Lillie Mackall7. Birth date of deceased (mo., day, yr.) 1870 8. (c) If alive, give age 74 years8. AGE: Years 76 Months  Days  If less than one day  hrs.  min. 9. Birthplace Calvert (Town, county, and state)10. Usual occupation Laborer

## 11. Industry or business

12. Name John Mackall13. Birthplace Md.14. Maiden name Martha Cook15. Birthplace Md.16. Informant Patrick WilsonAddress Dunkirk, Md.17. BURIAL Date thereof April 12, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hall's Creek CemeteryLocation Calvert18. Funeral director P. E. HowellAddress Prince Frederick, Md.19. (Date rec'd by registrar) 4-12-46

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CalvertCity or town Dunkirk  
(If outside city or town limits, write RURAL and give nearest town)Street No.   
(If rural, give LOCATION)2.(a) If veteran, name war 

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 19 46 at 11:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/17 19 46 to 4/10 19 46and that I last saw h. in alive on Apr 9 19 46Immediate cause of death Obstruction Carcinoma DURATION 6 moDue to Due to Other conditions 

(Include pregnancy within 3 months of death)

Major findings of operations Date of op. 

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of Where did injury occur?  (City or town)  (County)  (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Howard

M. D. or other

Address Orney Rd Date signed 4/12/46

